

IDAHO DEPARTMENT OF

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

May 6, 2010

Nancy Hines, Administrator Streamside Assisted Living 1355 South Edgewater Circle Nampa, ID 83686

License #: RC-862

Dear Ms. Hines:

On March 4, 2010, a complaint investigation survey was conducted at Streamside Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

RACHEL COREY, RN Health Facility Surveyor

Residential Assisted Living Facility Program

RC/sm

cc:

Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program

BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Phone Number 6097	ZIP Code	Survey Date $////$
Physical Address 1355 S. Edd Phy Ler CITCLE	Sity / Vampa.	Survey Type 1 COMPICENT TAURS/196/10
Facility Name Stream SING ASSISTED CUING	Administrator Elisabeth Permain	Survey Team Leader

Survey	Survey Team Leader	COLEY Survey Type 'Survey Date Survey Date Survey Date Survey Date Survey Date Survey Date	0//	
NON	-CORE ISSU			
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Respor	ise Required Date	Signature of Facility Representative	Date Signed	
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LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

March 16, 2010

Elisabeth Germain, Administrator Streamside Assisted Living 1355 South Edgewater Circle Nampa, ID 83686

Dear Ms. Germain:

On March 4, 2010, a complaint investigation survey was conducted at Streamside Assisted Living. The survey was conducted by Matthew Hauser, QMRP, Rachel Corey, RN, and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00004427

Allegation:

The facility did not complete criminal history and background checks appropriately.

Findings:

Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.009.01 and 16.03.22.009.04 for not completing all criminal history checks and for not submitting fingerprinting within 21 days of every employee's hire date. The facility is required to

submit evidence of resolution within 30 days.

The facility is required to resolve the practices identified in our findings. We will continue to monitor the progress of the facility.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

RĂCHEL COREY, RN Health Facility Surveyor

Residential Assisted Living Facility Program

RC/sm

cc:

Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program